

Consumer Health Care Forum
Helena, MT
9-23-08

Below are the responses from those attending the Helena Consumer Health Care Forum. I have included all responses, even if they are repetitious so everyone's response is included.

Question #1. What would be the WORST possible outcome if we did nothing to change the health care system?

- The health care industry will continue to thrive and the consumers will continue to be plundered.
- More uninsured.
- Higher costs.
- Less access.
- More cost to employers and patients.
- People fly overseas for care.
- More non-profit community hospitals fold, less emergency room and acute care for all.
- Less public health services = decreasing health.
- More employers drop health insurance for employees leading to less primary care, less access to health care.
- Continued decline in health care benchmarks compared to other industrialized (and some non) countries.
- Cost will continue to increase and cause more people to have less access to get the care they need when they need it.
- Lack of MD's practicing in practice of multi-system care, specifically internal medicine and possibly family practice secondary to poorer reimbursement to them, compared to specialists.
- Physicians employed by hospitals to provide office services are not a positive step toward good health care. This includes the trend toward hospitalists who may not have the needs of the patient as priority rather than the wants of the hospital.
- Greater emphasis and funding should be put to preventive health care. Spend money on wellness instead of sickness.
- People falling through the cracks – not getting the care they need.
- Middle class not qualifying for public aid programs.
- People with good insurance paying for the uninsured (cost-shifting) through tests, specialists, etc.
- System will break down. Have's vs Have Nots.
- Increased costs.
- Don't like the question – Big difference between extending life and extending live on a quality basis.
- Drug industry advertising.
- Increased medical bankruptcies.
- Decrease in prevention.

- Only the rich will have access to health care services secondary to employers inability to carry burden \$ secondary to aging workers.
- Physician/providers opt out of Medicare and Medicaid
- Access to care is restricted
- Expensive care required secondary to no preventive services covered
- Consumers hand over health care decisions/needs (not empowered or we are unable to make our own decisions)
- Crisis care rather than preventive care
- Less access leads to increased crisis care leads to increased costs
- Increased costs spiraling
- Addition of middle man increases cost
- Forced work to get insurance can lead to cost shifting, increased work comp, increased depression.
- Increased mortality, increased morbidity, increased homelessness,
- Decreased health of business sector
- Decreased prosperity for everyone
- Rich and very poor have access
- (increased transparency, more free enterprise needed)

Question #2. What would be the BEST possible outcome if we changed the health care system?

- Healthy population
- Access to system (not necessarily insured)
- Access to more providers
- More providers
- Change in educational system which provides providers
- Increase in world ranking
- Persons will be incentivized to be well
- Increased job satisfaction for providers
- Consistent health care – Medical Home
- Increased trust between consumer and providers
- Increased patient autonomy/patient driven
- Preventive care/health wellness – most dollars spent here
- Doctors are humble/compassionate listeners.
- Medicine becomes more human
- Close health disparities
- Decreased maldistribution of physicians
- Health care access is not tied to your job
- Same health care for all
- Consumers pay for health care, not employers
- Transparency
- Increased quality
- Family prepares advanced directive
- Health care record (electronic, everyone)
- Give best overall care – Single payor like Medicare

- One unit providing coordinated care
- Less administrative costs
- May need transitional system as move from private to more socialized.
- Socialized medicine system (don't be afraid of word "socialized")
- Incentives to use health care \$\$ wisely
- Focus on prevention
- Remove threat of medical disaster
- Taxes may go up, decreased premiums
- Consumer shares cost of care even if insured
- Block those beta's
- Universal coverage
- Everyone gets right care, right time, right place
- Access regardless of ability to pay
- Health care is a right, not a commodity
- Prevention in personal health measures a priority
- Proper nutrition, childcare...early care
- Provider reimbursement re-aligned for reflect benefits to society as a whole
- Living will, advanced directives, universal in form and function
- Consistent use of hospice, P. C (?), end of life
- Extensive tort reform
- National health care
- Choice of provider
- Right to health care
- Major improvement in nursing home and long term care industry
- Priority of in home care – not institutional
- Growth in home health agencies
- Improve status and wage of PCA's, certified nursing assistants, quality employees
- Sick care ---- Health care
- Seek medical care earlier – no penalty
- Less multisystem personal involvement
- Case manager
- Use technology; visits
- Aging population, need more geriatricians
- Less cost, more access, pharmacist
- Less advertising
- Emergency medical records.
- Decrease in preventable illness
- Choice of quality providers at an affordable cost
- Energy jobs and health care = more affordable care for everybody
- Better attitudes – wants vs needs – change in consumer attitudes
- Quality, inexpensive care for everybody, reasonable costs – BUT HOW?
- Available for those that need it.
- Free-what you want, when you want it – what's realistic?
- Health care on demand – timely.

Question #3. What can Montana work on?

The third question was selected by the group. As we discussed various third questions, the group moved to the notion that the state of Montana can do a lot on it's own to address health care. The following ideas came out of that discussion.

- The governor needs a health care agenda and plan
- Critical Access Hospitals expanded
- Access for all – all persons covered
- Grass roots referendum
- Access is more important than insurance
- Incentives for providers in rural areas (MD, DO, PA, RN, PT, etc)
- Incentive for in-state (MT) training
- Incentive to defray medical/provider education then tie it to service in MT.
- Telehealth technology
- Coordination/partnership in electronic medical records across state
- Use state resources for “community health centers”
- Increase time/resources dedicated to health care issues.
- Increase internet speed to make technology feasible.